

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H.V.		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S.H.	1085	11-29-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	o
6	✓
7	✓
8	o
9	✓
10	✓
11	✓
12	o
13	✓
14	✓
15	c
16	✓
17	✓
18	o
19	✓
20	✓
21	✓
22	o
23	o
24	✓
25	=
26	✓
27	✓
28	o
29	o
30	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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11-30-01  
 10-03-11  
 10-03-11